



APPLICATION FOR TEMPORARY ABANDONMENT AND ANNUAL FLUID LEVEL TEST REPORT

Form No. A3
Revised on 5/19/2000

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
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FOR DIVISION USE ONLY

Fluid Depth Calculation

Surface elevation _____ ft.
Minus USDW elevation _____ ft. (Plus if elevation is negative)
Plus USDW factor 100 ft.
=Minimum Fluid Depth _____ ft.

PART I GENERAL INFORMATION								
Name of operator				Telephone number () -		Permit number		
Name of lease		Well number	County	Township	Range	Section	1/4	1/4
Type of submission (Check one only) <input type="checkbox"/> First year deferral <input type="checkbox"/> New <input type="checkbox"/> Renewal (Attach justification) <input type="checkbox"/> Annual Fluid Level Test								
Name and address of emergency contact				Telephone number () -				

PART II AFFIRMATIONS	
I (we) affirm under penalty of perjury that the information provided in this form is true to the best of my (our) knowledge and belief.	
Signature of operator or authorized agent	Date signed
Signature of person certifying the fluid depth from an Echometer®	Date Signed
Signature of person certifying the tubing tally	Date Signed

PART III FOR DIVISION USE ONLY	
Section a Fluid Level Test	
Measuring method: (Check one only) <input type="checkbox"/> Echometer® (Attach tape) <input type="checkbox"/> Wireline/ electronic probe <input type="checkbox"/> Other (Describe) _____ Important: If the Echometer® box is checked, the person certifying fluid depth must sign above	
Test result: Fluid depth _____ ft. <input type="checkbox"/> Pass (Fluid Depth is > Minimum Fluid Depth) <input type="checkbox"/> Fail (Fluid Depth is < Minimum Fluid Depth)	
Section b Pressure Test	
Test information: Plug/ packer depth _____ ft. Top of upper perms. _____ ft. Start pressure _____ psi End pressure _____ psi	Plug/ packer depth verified by: (Check one only) <input type="checkbox"/> Inspectors visual tally <input type="checkbox"/> Tubing tally <input type="checkbox"/> Witnessed wireline Important: If the tubing tally box is checked, the person certifying the tally must sign above
Test result: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Inspection checklist: <input type="checkbox"/> Surface sealed <input type="checkbox"/> Pits filled <input type="checkbox"/> ID posted <input type="checkbox"/> Unrelated equipment removed <input type="checkbox"/> Demonstration made	
TA approved/ fluid level test passed by:	Date
TA denied/ fluid level test failed by:	Date
Renewal TA approved by:	Date
Renewal TA denied by:	Date
TA Expires on:	Date
Reason(s) denied/ failed: (Check all that apply) <input type="checkbox"/> Well not sealed <input type="checkbox"/> Pits not filled <input type="checkbox"/> ID not posted <input type="checkbox"/> Equipment not removed <input type="checkbox"/> No demonstration <input type="checkbox"/> Fluid level too high <input type="checkbox"/> Renewal justification inadequate <input type="checkbox"/> Other _____	

SPECIAL REQUIREMENTS

1. The applicant is responsible for contacting the inspector to witness the well demonstration.
2. Renewal justifications **must** be accompanied by documentation including any engineering/ geologic reports and economic analyses that support the request for renewal.
3. The well **must** be cased per 312 IAC 16-5-9 to qualify for temporary abandonment status.
4. If the well fails the annual fluid level check you **must** perform a standard pressure test to retain the well on TA status.